



2008

Behavioral Risk Factor Surveillance System

Pennsylvania (Part B)

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

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Promotion

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2008 Pennsylvania BRFSS (Part B)

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Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) SKP → PRIVRES
2. NUMBER IS NOT THE SAME SKP → WRONGNUM

WRONGNUM - IF INTROQST = 2

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

PRIVRES - IF INTROQST = 1

Is this a private residence in [STATE]?

1. YES, CONTINUE SKP → ISCELL
2. NO, NON-RESIDENTIAL SKP → NONRES

NONRES - IF PRIVRES = 2

Thank you very much, but we are only interviewing private residences.

ISCELL - IF PRIVRES = 1

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. SKP → ADULTS
2. YES, A CELLULAR TELEPHONE SKP → CELLYES

CELLYES - IF ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS - IF ISCELL = 1

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

-- ENTER NUMBER OF ADULTS IF ADULTS = 1 SKP → ONEADULT

MEN

How many of these adults are men?

-- ENTER NUMBER MEN

WOMEN

How many of these adults are women?

-- ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men	-	
Number of Women	-	+

Number of Adults	-	

1. CORRECT THE NUMBER OF MEN SKP → MEN
2. CORRECT THE NUMBER OF WOMEN SKP → WOMEN
3. CORRECT THE NUMBER OF ADULTS SKP → ADULTS

SELECTED - IF ADULT > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1. YES SKP → YOURTHE1
2. NO SKP → GETNEWAD

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE. SKP → YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE. SKP → YOURTHE1
3. NO

ASKGENDR - IF ADULT = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ONEADULT = 3

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

1. YES, ADULT IS COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE SKP → INTROSCR
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE SKP → NEWADULT
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK SKP → NEWADULT
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED **SKP → ADULTS**

INTROSCR

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call [GIVE APPROPRIATE STATE TELEPHONE NUMBER].

1. PERSON INTERESTED, CONTINUE **SKP → C01Q01**
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED **SKP → ADULTS**

Core Section 01: Health Status

C01Q01

Would you say that in general your health is...

1. Excellent
2. Very good
3. Good
4. Fair or
5. Poor

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 02: Healthy Days—Health-Related Quality of Life

C02Q01

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_ _ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

C02Q02

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_ _ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01

C02Q03 - IF C02Q01 <> 88 AND C02Q02 <> 88

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_ _ NUMBER OF DAYS

- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core Section 03: Health Care Access

C03Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C03Q02

Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: IF "NO" ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1. YES, ONLY ONE
- 2. MORE THAN ONE
- 3. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C03Q03

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C03Q04

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

1. Within past year (anytime less than 12 months ago)
2. Within past 2 years (1 year but less than 2 years ago)
3. Within past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

Core Section 04: Sleep

C04Q01

The next question is about getting enough rest or sleep.

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_ _ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

Core Section 05: Exercise

C05Q01

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 06: Diabetes

C06Q01

Have you ever been told by a doctor that you have diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **SKP → C07Q01**
3. NO **SKP → C07Q01**
4. NO, PRE-DIABETES OR BORDERLINE DIABETES **SKP → C07Q01**

7. DON'T KNOW/NOT SURE **SKP → C07Q01**
9. REFUSED **SKP → C07Q01**

Module 01: Pre-Diabetes

M01Q01 - IF C06Q01 <> 1

Have you had a test for high blood sugar or diabetes within the past three years?

1. **YES**
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q02

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF C06Q01 = 4; ANSWER Q2 "YES" (CODE 1)

State Added 01: Diabetes

PA01Q01

Do you have a biological parent, brother or sister who has been diagnosed with diabetes?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA01Q02 - IF C06Q01 = 1

CATI NOTE: ADD IF NOT ASKED IN CORE ADD
(Previously you said you had been diagnosed with diabetes)

There are two main types of diabetes: Type 1 diabetes, where the body doesn't produce insulin, often referred to as "Juvenile" or "Insulin-dependent" diabetes. And, Type 2 diabetes, referred to as "adult-onset" diabetes where the body becomes less and less effective in metabolizing glucose.

What type of Diabetes did the doctor or other health professional tell you had?

1. TYPE 1
2. TYPE 2
3. OTHER

7. DON'T KNOW/NOT SURE
9. REFUSED

PA01Q03 - IF C06Q01 = 1 AND (C12Q01 > 17 AND C12Q01 < 65)

In this next question we are referring to work for pay. Does your diabetes affect whether you work, the type of work you do, or the amount of work you do?

INTERVIEWER NOTE: IF RESPONDENT SAYS HE\SHE IS RETIRED OR OUT-OF-WORK, REPLY: "DID YOUR DIABETES CAUSE YOU TO STOP WORKING? THAT IS, DID IT AFFECT WHETHER YOU WORK OR NOT?"

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA01Q04 - IF C06Q01 = 1

In the past 30 days, have you not tested your blood glucose as often as you should because of the cost of your diabetes testing supplies?

1. YES
2. NO
3. HAVE NOT TESTED MY BLOOD GLUCOSE IN THE PAST 30 DAYS

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 02: Diabetes

M02Q01 - IF C06Q01 = 1

How old were you when you were told you have diabetes?

_ _ Code age in years [97 = 97 or higher]

98. DON'T KNOW/NOT SURE
99. REFUSED

M02Q02 - IF C06Q01 = 1

Are you now taking insulin?

1. YES
2. NO

9. REFUSED

M02Q03 - IF C06Q01 = 1

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

-- 101-199 = times per day
201-299 = times per week
301-399 = times per month
401-499 = times per year

888. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

M02Q04 - IF C06Q01 = 1

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

-- 101-199 = times per day
201-299 = times per week
301-399 = times per month
401-499 = times per year

555. NO FEET SKP → M02Q08
888. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

M02Q05 - IF C06Q01 = 1

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

-- NUMBER OF TIMES [76 = 76 or greater]

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

M02Q06 - IF C06Q01 = 1

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

-- NUMBER OF TIMES [76 = 76 or greater]

- 88. NEVER
- 98. NEVER HEARD OF "A one C"
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M02Q07 - IF C06Q01 = 1 & M02Q04 <> 555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

-- NUMBER OF TIMES [76 = 76 or greater]

- 88. NEVER
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M02Q08 - IF C06Q01 = 1

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

READ ONLY IF NECESSARY

- 1. Within the past month (anytime less than 1 month ago)
- 2. Within the past year (1 month but less than 12 months ago)
- 3. Within the past 2 years (1 year but less than 2 years ago)
- 4. 2 or more years ago

- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

M02Q09 - IF C06Q01 = 1

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M02Q10 - IF C06Q01 = 1

Have you ever taken a course or class in how to manage your diabetes yourself?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 07: Oral Health

C07Q01

How long has it been since you last visited a dentist or a dental clinic for any reason?

READ ONLY IF NECESSARY

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 OR MORE YEARS AGO

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

C07Q02

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All

7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

C07Q03 - IF C07Q01 <> 8 AND C07Q02 <> 3

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

READ ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 Or more years ago

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

Core Section 08: Cardiovascular Disease Prevalence

C08Q01

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional **ever** told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

Ever told you had a heart attack, also called a myocardial infarction?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q02

Ever told you had angina or coronary heart disease?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q03

Ever told you had a stroke?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 09: Asthma

C09Q01

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

1. YES
2. NO SKP → C010Q01

7. DON'T KNOW/NOT SURE SKP → C010Q01
9. REFUSED SKP → C010Q01

C09Q02 - IF C09Q01 = 1

Do you still have asthma?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 10: Disability

C10Q01

The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C10Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 11: Tobacco Use

C11Q01

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1. YES
2. NO SKP → C012Q01

7. DON'T KNOW/NOT SURE SKP → C012Q01
9. REFUSED SKP → C012Q01

C11Q02 - IF C11Q01 = 1

Do you now smoke cigarettes every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL SKP → C012Q01

7. DON'T KNOW/NOT SURE SKP → C012Q01
9. REFUSED SKP → C012Q01

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 12: Demographics

C12Q01

What is your age?

_ _ CODE AGE IN YEARS

07. DON'T KNOW/NOT SURE

09. REFUSED

C12Q02

Are you Hispanic or Latino?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q03

Which one or more of the following would you say is your race?

CHECK ALL THAT APPLY

1. White

2. Black or African American

3. Asian

4. Native Hawaiian or Other Pacific Islander

5. American Indian or Alaska Native

Or

6. Other [specify]

8. NO ADDITIONAL CHOICES

7. DON'T KNOW/NOT SURE

9. REFUSED

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKP TO C12Q05

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

Which one of these groups would you say best represents your race?

1. White

2. Black or African American

3. Asian

4. Native Hawaiian or Other Pacific Islander

5. American Indian or Alaska Native

6. Other [specify]

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q05

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.*

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q06

Are you...?

1. Married
 2. Divorced
 3. Widowed
 4. Separated
 5. Never married
- Or
6. A member of an unmarried couple

 9. REFUSED

C12Q07

How many children less than 18 years of age live in your household?

_ _ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 8 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)

9. REFUSED

C12Q09

Are you currently...?

1. Employed for wages
 2. Self-employed
 3. Out of work for more than 1 year
 4. Out of work for less than 1 year
 5. A Homemaker
 6. A Student
 7. Retired
- Or
8. Unable to work
 9. REFUSED

C12Q10

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDNET REFUSES ANY INCOME LEVEL, CODE AS "99"
REFUSED

READ ONLY IF NECESSARY

01. Less than \$10,000
 02. Less than \$15,000 (\$10,000 to less than \$15,000)
 03. Less than \$20,000 (\$15,000 to less than \$20,000)
 04. Less than \$25,000 (\$20,000 to less than \$25,000)
 05. Less than \$35,000 (\$25,000 to less than \$35,000)
 06. Less than \$50,000 (\$35,000 to less than \$50,000)
 07. Less than \$75,000 (\$50,000 to less than \$75,000)
 08. \$75,000 or more
77. DON'T KNOW/NOT SURE
99. REFUSED

C12Q11

About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST
COLUMN. ROUND FRACTIONS UP.

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q12 - IF C12Q11 <> 7777 OR 9999

About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS DOWN.

-- -- -- -- ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q13

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: "If you were pregnant a year ago, how much did you weigh before your pregnancy?"

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS UP.

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q14 - IF (C12Q11 <> 7777, 9999) OR (C12Q13 <> C12Q11)

*Programmer Note: IF C12Q13 = C12Q11 SKIP TO C12Q15

Was the change between your current weight and your weight a year ago intentional?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q15

What county do you live in?

-- -- -- FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE

999. REFUSED

C12Q16

What is your ZIP Code where you live?

_ _ _ _ _ ZIP CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q17

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. YES

2. NO

SKP → C12Q19

7. DON'T KNOW/NOT SURE

SKP → C12Q19

9. REFUSED

SKP → C12Q19

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

_ RESIDENTIAL TELEPHONE NUMBERS [6=6 OR MORE]

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q19

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1. MALE SKP → C13Q01
- 2. FEMALE

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 13: Alcohol Consumption

C13Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1. YES
- 2. NO SKP → C14Q01

- 7. DON'T KNOW/NOT SURE SKP → C14Q01
- 9. REFUSED SKP → C14Q01

C13Q02 - IF C13Q01 = 1

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

__ __ __ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST
30 DAYS)

- 888. NO DRINKS IN LAST 30 DAYS SKP → C14Q01
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C13Q03 - IF C13Q01 = 1 AND C13Q02 <> 888

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER NOTE: A 20 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q04 - IF C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C12Q20 = 1 SHOW] ...5...

[IF C12Q20 = 2 SHOW] ...4...

...or more drinks on an occasion?

_ _ NUMBER OF TIMES

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q05 - IF C13Q01 = 1 AND C13Q02 <> 888

During the past 30 days, what is the largest number of drinks you had on any occasion?

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

Core Section 14: Immunization

C14Q01

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

- 1. YES
- 2. NO SKP → C14Q03
- 7. DON'T KNOW/NOT SURE SKP → C14Q03
- 9. REFUSED SKP → C14Q03

C14Q02 - IF C14Q01 = 1

During what month and year did you receive your most recent flu shot?

-- / ---- MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE
99 / 9999 REFUSED

C14Q03 - IF C14Q01 <> 1

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

- 1. YES
- 2. NO SKP → C14Q05
- 7. DON'T KNOW/NOT SURE SKP → C14Q05
- 9. REFUSED SKP → C14Q05

C14Q04 - IF C14Q03 = 1

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

-- / ---- MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE
99 / 9999 REFUSED

C14Q05

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 15: Falls

C15Q01 - IF C12Q01 >= 45

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, how many times have you fallen?

_ _ NUMBER OF TIMES [76 = 76 OR MORE]

- | | |
|-------------------------|---------------------|
| 88. NONE | SKP → C16Q01 |
| 77. DON'T KNOW/NOT SURE | SKP → C16Q01 |
| 99. REFUSED | SKP → C16Q01 |

C15Q02 - C12Q01 >= 45 & C15Q01 < 77

[IF C15Q01 = 1 SHOW] Did this fall cause an injury?

[IF C15Q01 > 1 SHOW] How many of these falls caused an injury?

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

_ _ NUMBER OF FALLS [76 = 76 OR MORE]

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

Core Section 16: Seatbelt Use

C16Q01

How often do you use seat belts when you drive or ride in a car? Would you say...

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never

7. DON'T KNOW/NOT SURE
8. NEVER DRIVE OR RIDE IN A CAR **SKP → C18Q01**
9. REFUSED

Core Section 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

-- NUMBER OF TIMES

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

Core Section 18: Women's Health

C18Q01 - IF C12Q20 = 2

The next questions are about breast and cervical cancer.

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. YES
2. NO **SKP → C18Q03**

7. DON'T KNOW/NOT SURE **SKP → C18Q03**
9. REFUSED **SKP → C18Q03**

C18Q02 - IF C12Q20 = 2 & C18Q01 = 1

How long has it been since you had your last mammogram?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q03 - IF C12Q20 = 2

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

1. YES
2. NO **SKP → C18Q05**

7. DON'T KNOW/NOT SURE **SKP → C18Q05**
9. REFUSED **SKP → C18Q05**

C18Q04 - IF C12Q20 = 2 & C18Q03 = 1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q05 - IF C12Q20 = 2

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1. YES
2. NO SKP → C18Q07
7. DON'T KNOW/NOT SURE SKP → C18Q07
9. REFUSED SKP → C18Q07

C18Q06 - IF C12Q20 = 2 & C18Q05 = 1

How long has it been since you had your last Pap test?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q07 - IF C12Q20 = 2 & C12Q21 <> 1

Have you had a hysterectomy?

READ ONLY IF NECESSARY: "A hysterectomy is an operation to remove the uterus (womb)."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 19: Prostate Cancer Screening

C19Q01 - IF C12Q20 = 1 & C12Q01 >= 40

Now, I will ask you some questions about prostate cancer screening.

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. YES
2. NO SKP → C19Q03
7. DON'T KNOW/NOT SURE SKP → C19Q03
9. REFUSED SKP → C19Q03

C19Q02 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q01 = 1

How long has it been since you had your last PSA test?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C19Q03 - IF C12Q20 = 1 & C12Q01 >= 40

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. YES
2. NO SKP → C19Q05
7. DON'T KNOW/NOT SURE SKP → C19Q05
9. REFUSED SKP → C19Q05

C19Q04 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q03 = 1

How long has it been since your last digital rectal exam?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

C19Q05 - IF C12Q20 = 1 & C12Q01 >=40

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 20: Colorectal Cancer Screening

C20Q01 - C12Q01 >= 50

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. YES
2. NO **SKP → C20Q03**

7. DON'T KNOW/NOT SURE **SKP → C20Q03**
9. REFUSED **SKP → C20Q03**

C20Q02 - C12Q01 >= 50 & C20Q01 = 1

How long has it been since you had your last blood stool test using a home kit?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

C20Q03 - C12Q01 >= 50

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1. YES
2. NO SKP → C21Q01

7. DON'T KNOW/NOT SURE SKP → C21Q01
9. REFUSED SKP → C21Q01

C20Q04 - C12Q01 >= 50 & C20Q03 = 1

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

1. SIGMOIDOSCOPY
2. COLONOSCOPY

7. DON'T KNOW/NOT SURE
9. REFUSED

C20Q05 - C12Q01 >= 50 AND C20Q03 = 1

How long has it been since you had your last sigmoidoscopy or colonoscopy?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
6. 10 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 21: HIV/AIDS

CATI NOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

C21Q01 - IF C12Q01 < 65

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1. YES
2. NO SKP → C21Q05

7. DON'T KNOW/NOT SURE SKP → C21Q05
9. REFUSED SKP → C21Q05

C21Q02 - C12Q01 < 65 & C21Q01 = 1

Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON'T KNOW"

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

_ _ / _ _ _ _ CODE MONTH AND YEAR

[EXAMPLE: JUNE OF 2006 = 062006]

77/7777. DON'T KNOW/NOT SURE

99/9999. REFUSED

C21Q03 - IF C12Q01 < 65 & C21Q01 = 1

Where did you have your last HIV test - at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

77. DON'T KNOW/NOT SURE

99. REFUSED

C21Q04 - IF C12Q01 < 65 & C21Q02 = WITHIN LAST 12 MONTHS

CATI NOTE: IF C21Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C21Q05

Was it a rapid test where you could get your results within a couple of hours?

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C21Q05 - IF C12Q01 < 65

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- YOU HAVE USED INTRAVENOUS DRUGS IN THE PAST YEAR
- YOU HAVE BEEN TREATED FOR A SEXUALLY TRANSMITTED DISEASE OR VENEREAL DISEASE IN THE PAST YEAR
- YOU HAVE GIVEN OR RECEIVED MONEY OR DRUGS IN EXCHANGE FOR SEX IN THE PAST YEAR
- YOU HAD ANAL SEX WITHOUT A CONDOM IN THE PAST YEAR

Do any of these situations apply to you?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 22: Emotional Support and Life Satisfaction

C22Q01

The next two questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED SAY: "please include support from any source".

PLEASE READ

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

7. DON'T KNOW/NOT SURE
9. REFUSED

C22Q02

In general, how satisfied are you with your life?

PLEASE READ

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 14: General Preparedness

M14Q01

The next series of questions asks about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say..

PLEASE READ

1. Well prepared
2. Somewhat prepared
3. Not prepared at all

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q02

Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q03

Does your household have a 3-day supply of non-perishable food for everyone who lives there? By non-perishable we mean food that does not require refrigeration or cooking.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q04

Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines?

1. YES
2. NO
3. n0 one in household requires prescribed medicine

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q05

Does your household have a working battery operated radio and working batteries for your use if the electricity is out?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q06

Does your household have a working flashlight and working batteries for your use if the electricity is out?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q07

In a large-scale disaster or emergency, what would be your main method of communicating with relatives and friends?

READ ONLY IF NECESSARY

1. REGULAR HOME TELEPHONE
2. CELL PHONES
3. EMAIL
4. PAGER
5. 2-WAY RADIO
6. OTHER

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q08

What would be your main method of getting information from authorities in a large-scale disaster or emergency?

READ ONLY IF NECESSARY

1. TELEVISION
2. RADIO
3. INTERNET
4. PRINT MEDIA
5. NEIGHBORS
6. OTHER

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q09

Does your household have a disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q10

If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate?

1. YES
 2. NO
 7. DON'T KNOW/NOT SURE
 9. REFUSED
- SKP → NEXT MODULE

M14Q11 - IF M14Q10 <> 1

What would be the main reason you might not evacuate if asked to do so?

READ ONLY IF NECESSARY

01. LACK OF TRANSPORTATION
02. LACK OF TRUST IN PUBLIC OFFICIALS
03. CONCERN ABOUT LEAVING PROPERTY BEHIND
04. CONCERN ABOUT PERSONAL SAFETY
05. CONCERN ABOUT FAMILY SAFETY
06. CONCERN ABOUT LEAVING PETS
07. CONCERN ABOUT TRAFFIC JAMS AND INABILITY TO GET OUT
08. HEALTH PROBLEMS (COULD NOT BE MOVED)
09. OTHER
77. DON'T KNOW/NOT SURE
99. REFUSED

State Added 02: HPV Awareness

PA02Q01

Studies have determined that the Human Papillomavirus (HPV) causes 70% of cervical cancers. Are you aware that a new vaccine is available that prevents cervical cancer caused by Human Papillomavirus?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 15: Random Child Selection

M15Q01 - IF C12Q07 < 88

[IF C12Q07 = 1 SHOW] Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[IF C12Q07 > 1 & <88 SHOW] Previously, you indicated there were [ANS C12Q07] children age 17 or younger in your household. Think about those [ANS C12Q07] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following questions about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

__ __ __ __ __ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE
999999. REFUSED

M15Q02 - IF C12Q07 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL

9. REFUSED

M15Q03 - IF C12Q07 < 88

Is the child Hispanic or Latino?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q04 - IF C12Q07 < 88

Which one or more of the follow would you say is the race of the child?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]

8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q05 - IF C12Q07 < 88 & M15Q04 HAS MORE THAN ONE RESPONSE INDICATED

Which one of these groups would you say best represents the child's race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]

7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q06 - IF C12Q07 < 88

How are you related to the child?

1. Parent (include biologic, step, or adoptive parent)
2. Grandparent
3. Foster parent or guardian
4. Sibling (include biologic, step, and adoptive sibling)
5. Other relative
6. Not related in any way

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 16: Childhood Asthma Prevalence

M16Q01 - IF C12Q07 < 88

Has a doctor or other health professional ever said that the child has asthma?

- 1. Yes
- 2. No **SKP** → NEXT MODULE

- 7. DON'T KNOW/NOT SURE **SKP** → NEXT MODULE
- 9. Refused **SKP** → NEXT MODULE

M16Q02 - IF C12Q07 < 88 & M16Q01 = 1

Does the child still have asthma?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. Refused

Asthma Follow-up Module

AdltPerm

We would like to call to you again within the next 2 weeks to talk in more detail about your/your child's experiences with asthma. The information will be used to help develop and improve the asthma programs in XXXXXXXXXXXX.
The information you gave us today and any you and anyone in your household will give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others at your household may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

- 1. YES
- 2. NO **SKP** → Next Module

FName - IF AdltPerm = 1

Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

ENTER NAME/INITIALS/NICKNAME:

- 7. DON'T KNOW
- 9. REFUSED

CName

Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history?

ENTER NAME/INITIALS/NICKNAME:

- 7. DON'T KNOW
- 9. REFUSED

MostKnow

Are you the parent or guardian in the household who knows the most about (child)'s asthma?

- 1. Yes
- 2. No

- 7. DON'T KNOW
- 9. REFUSED

OthName

You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

ENTER NAME/INITIALS/NICKNAME:

- 7. DON'T KNOW
- 9. REFUSED

CBTime

What is a good time to call you back? For example, evenings, days or weekends?

IF MostKnow = 2:What is a good time to call back and speak with (OthName)? For example, evenings, days or weekends?

ENTER CALLBACK TIME:

- 7. DON'T KNOW
- 9. REFUSED

Module 17: Child Human Papilloma Virus (HPV)

M17Q01 - IF SELECTED CHILD IS FEMALE BETWEEN AGE 9 & 17

I have two additional questions about a vaccine the selected child may have had.

A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Have this child EVER had the HPV vaccination?

INTERVIEWER NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel)

- | | |
|------------------------------|-------------------|
| 1. YES | |
| 2. NO | SKP → Next Module |
| 3. DOCTOR REFUSED WHEN ASKED | SKP → Next Module |
| 7. DON'T KNOW/NOT SURE | SKP → Next Module |
| 9. REFUSED | SKP → Next Module |

M17Q02 - IF M17Q01 = 1

How many shots did she receive?

- __ NUMBER OF SHOTS
03. ALL SHOTS
07. DON'T KNOW/NOT SURE
09. REFUSED

State Added 03: Oral Health

PA03Q01 - (IF CHLDAGE1 > 6 AND < 18) AND M15Q06 < 4

CATI Note: If selected child is between the ages 6-17 and the respondent is a parent, grandparent or guardian.

Have dental sealants been applied to this child's teeth?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

PA03Q02 - IF PA03Q01 = 2

Is there a specific reason why dental sealants were not applied to this child's teeth?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA03Q03 - IF PA03Q02 = 1

What was the main reason dental sealants were not applied to this child's teeth?

1. COULD NOT AFFORD TO
2. NOT COVERED BY INSURANCE
3. OTHER

7. DON'T KNOW/NOT SURE
9. REFUSED

State Added 10: Sun Protection

PA10Q01

When you go outside on a sunny day for more than one hour, do you use sunscreen or sunblock most of the time?

INTERVIEWER NOTE: IF RESPONDENT ASKS HOW OFTEN IS "MOST OF THE TIME", TELL THEM "**NEARLY ALWAYS**".

1. YES
2. NO SKP → PA10Q03

7. DON'T KNOW/NOT SURE SKP → PA10Q03
9. REFUSED SKP → PA10Q03

PA10Q02 - IF PA10Q01 = 1

What is the Sun Protection Factor or SPF of the sunscreen you use most often?

_ _ SPF

77. DON'T KNOW/NOT SURE
99. REFUSED

PA10Q03

When you go outside on a sunny day for more than one hour, do you stay in the shade most of the time?

INTERVIEWER NOTE: IF RESPONDENT ASKS HOW OFTEN IS " MOST OF THE TIME", TELL THEM "**NEARLY ALWAYS**".

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA10Q04

When you go outside on a sunny day for more than one hour, do you wear a hat that shades your face, ears and neck most of the time?

INTERVIEWER NTE: IF RESPONDENT ASKS HOW OFTEN IS " MOST OF THE TIME", TELL THEM "**NEARLY ALWAYS**".

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA10Q05

When you go outside on a sunny day for more than one hour, do you wear a long- sleeved shirt most of the time?

INTERVIEWER NOTE: IF RESPONDENT ASKS HOW OFTEN IS " MOST OF THE TIME", TELL THEM "**NEARLY ALWAYS**".

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA10Q06

During the past 12 months, have you used a sun lamp or tanning bed?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA10Q07

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months?

1. YES
2. NO SKP → PA11Q01
7. DON'T KNOW/NOT SURE SKP → PA11Q01
9. REFUSED SKP → PA11Q01

PA10Q08 - IF PA10Q07 = 1

Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX OR MORE
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added 11: Cigarette Age

PA11Q01 - IF C11Q02 < 3

Previously you said you have smoked cigarettes. How old were you the first time you smoked a cigarette, even one or two puffs?

__ __ Code age in years (76 = 76 years old or older)

7. DON'T KNOW/NOT SURE
9. REFUSED

PA11Q02 - IF C11Q02 < 3

How old were you when you first started smoking cigarettes regularly?

__ __ Code age in years (76 = 76 years old or older)

7. DON'T KNOW/NOT SURE
9. REFUSED

State Added 12: Sexual & Intimate Partner Violence

PA12Q01 INTRO

Now, I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and it may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip these questions.

PA12Q01

In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent (for example being groped or fondled)?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA12Q02

In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA12Q03

Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA12Q04

Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA12Q05

Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

PA12Q06 INTRO

Now, I am going to ask you an additional question about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here.

As a reminder, unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things after you said or showed that you didn't want to. This includes putting a finger, hand, or other object in your anus or vagina. It also includes contact between the mouth and the penis, vagina, or anus. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

PA12Q06

Have you EVER experienced any unwanted sex by a current or former intimate partner?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

IF ANY OF QUESTIONS PA12Q01 THROUGH PA12Q06 = 1

The Pennsylvania Coalition Against Rape, Phone # 1-800-692-7445, can consult and assist you in resolving past or present violent relationships. Would you like me to repeat that number?

1. CONTINUE

State Added 13: H.I.V. (Sexual Preference)

PA13Q01

Are your sexual partners male, female, or both?

- 1. MALE
- 2. FEMALE SKP → BRFSS CLOSE
- 3. BOTH MALE AND FEMALE
- 4. NO SEX PARTNER SKP → BRFSS CLOSE
- 7. DON'T KNOW/NOT SURE SKP → BRFSS CLOSE
- 9. REFUSED SKP → BRFSS CLOSE

PA13Q02 - IF C12Q20 = 1 AND PA13Q01 = 1 OR PA13Q01 = 3

Which of the following best describes you?

- 1. HETEROSEXUAL (STRAIGHT)
- 2. GAY
- 3. BISEXUAL
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

CLOSING

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.